## **DESCRIPTION OF LIMITATIONS**

	SERVICE	LIMITATIONS				
12.	Prescribed Drugs, Dentures, and Prosthetic Devices, and Eyeglasses					
12.a.	Prescribed Drugs (continued)	<u>Limitations</u>				

- 6. Supplemental rebates received by the Commonwealth in excess of those required under the national drug rebate agreement will be shared with the Federal government on the same percentage basis as applied under the national rebate agreement.
- All drugs covered by the program, irrespective of a prior authorization requirement, will comply with provisions of the national drug rebate agreement.
- (g) Preferred Drug List with Prior Authorization
- 1. The state is establishing a preferred drug list with prior authorization for drugs not included on the preferred drug list pursuant to 42 U.S.C. section 1396r-8. Prior authorization will be provided with a 24-hour turn-around from receipt of request and a 72-hour supply of drugs in emergency situations.
- 2. Prior authorization will be established for certain drug classes, particular drugs or medically accepted indication for uses and doses in compliance with federal law.
- 3. The state will appoint a Pharmaceutical and Therapeutic Committee or utilize the drug utilization review committee in accordance with Federal law.
- 4. The Preferred Drug List is for Pennsylvania State Medicald recipients receiving pharmacy benefits through the Medicald Fee-For-Service Program only.
- (h) Recipients 21 years of age and older are limited to six prescriptions per calendar month for all legend and non-legend drugs.
- 1. This limit does not apply to those recipients who are pregnant.
- 2. A Benefit Limit Exception is required for additional prescriptions above the six prescriptions per calendar month limit.

TN# 12-006	<del></del>	***************************************						
Supersedes		DEC	4	9	2012			
TN# 07-009	Approval Date_			10	Effec	tive Date_	January 3, 2	012

ATTACHMENT 3.1A PAGE 5ed

## **DESCRIPTIONS OF LIMITATIONS**

12. Prescribed Drugs, Dentures, and Prosthetic Devices, and Eveglasses

SERVICE

12.a. Prescribed Drugs (continued)

LIMITATIONS

Limitations

- 3. A Benefit Limit Exception will be approved if one of the following criteria is met:
  - The Department determines the recipient has a serious chronic systemic illness or other serious health condition and the denial of the exception will jeopardize the life of the recipient;
  - b. The Department determines the recipient has a serious chronic systemic illness or other serious health condition and the denial of the exception will result in the rapid, serious deterioration of the health of the recipient;
  - c. The Department determines that granting a specific exception is a cost effective alternative for the Medical Assistance Program; or
  - d. The Department determines that granting an exception is necessary to comply with Federal law.

TN# <u>12-006</u> Supersedes TN# <u>New</u>

Approval Date \_ DEC 12 2012

Effective Date January 3, 2012